

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

1658

1. PLACE OF DEATH

57 County Lincoln
Township Winnoch
City Lincoln (No. 5)

Registration District No. _____

Primary Registration District No. 494

File No. _____

Registered No. _____

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____
(Usual place of abode)

St. _____ Ward _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. - 14 - 1921

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
10 4 23

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Lincoln Co. Missouri
(STATE OR COUNTRY) Missouri

13. NAME Berdetta Mudd

14. BIRTHPLACE (CITY OR TOWN) Missouri
(STATE OR COUNTRY) Missouri

15. MAIDEN NAME Sophie Maunth

16. BIRTHPLACE (CITY OR TOWN) Lincoln Co. Missouri
(STATE OR COUNTRY) Missouri

17. INFORMANT Berdetta Mudd
(ADDRESS) Co. 40, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Millbrook DATE 9-1-1932

19. UNDERTAKER William Lomund
(ADDRESS) _____

20. FILED 1/7 1932 W. Riddle
Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan - 7 - 1932

22. I HEREBY CERTIFY That I attended deceased from Oct. 12 1931, to Jan. 7 1932

I last saw her alive on Dec. 16 1932. Death is said to have occurred on the date stated above, at 5:30 p.m.

The principal cause of death and related causes of importance were as follows:

Tubercular
phthisis
23A
12 13 100A
Other contributory causes of importance:
Whooping Cough &
Pneumonia

Name of operation _____ Date of _____
What test confirmed diagnosis Clinical Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify: O. H. Cameron (Signed) _____, M. D.
(Address) Elber, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FEB 24 1932

